

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041102

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 427

FILED OCT 30 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Francois Township		c. CITY OR TOWN Leadington	
Length of stay in 1b 3 Mos. 2 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last GREGOIRE		4. DATE OF DEATH Month October Day 16 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 6, 1887
9. AGE (last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry McGraw		13b. MOTHER'S MAIDEN NAME Sarah Beamer	
14. NAME OF HUSBAND OR WIFE Joseph Ott Gregoire		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 2		17. INFORMANT Address Mo. Records, State Hospital No. 4, Farmington,	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, terminal DUE TO (b) Generalized arteriosclerosis and senility DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:40 a.m. P. Month, Day, Year October 16, 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Oct. 16, 1963	
20g. COUNTY St. Francois		20h. STATE Missouri	
21. I attended the deceased from Oct. 16, 1963 to Oct. 16, 1963 and last saw her alive on Oct. 16, 1963 Death occurred at 5:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John R. Brennan M.D. (Degree or title)	
22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 10-17-63	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-63	23c. NAME OF CEMETERY, OR CREMATORY St. Francois Memorial Park	23d. LOCATION (City, town, or county) North of Desloge on old Bonne Terre Road.
24. FUNERAL DIRECTOR Caldwell Undertakers, Flat River, Mo.		25. DATE RECD. BY LOCAL REG. Oct 17, 1963	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

Student _____
Signature of Student Embalmer _____

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat Kuning Town

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.